U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended, Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 5262

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

	3. Name and address of person filing.			4. Name, file number, and address of labor organization.		
lame	John	W Keck		Name IRON WORKERS	Local 393	
				Labor Organization File Nu	mber 012-940	
э.О. В	ox, Bldg., Room No., if any	i		P.O. Box, Building and Roo	m Number, if any	
Street	1901 Selmarten Ro	pad		Street 1901 Selmarte	en Road	
City	Aurora			City Aurora		
State	Illinois	ZIP Code + 4	60505	State Illinois	ZIP Code + 4 60505	
. Positi	on in labor organization.	usiness Manager	•			
Ent	er appropriate data below if,			use or minor child directly or in Islans set forth in the instruction	directly had any of the following interests is):	
. Held	l an interest in, engaged in ary value from an employ	n transactions (includ er whose employee	ing loans) with, or s your organizati	derived income or other ecor on represents or is actively	nomic benefit of seeking to represent.	
. Name	and address of Employer (i	ncluding trade name, if	any).	7.a. Nature of Interest, Transa	action, or Income.	
Name	Area Brectors		· · · · · · · · · · · · · · · · · · ·	sent Holiday packa December 2004	ge of popcorn, candy & nuts	
	Area Brectors Name, if any:		)		ge of popcorn, candy & nuts	
Trade				December 2004	ge of popcorn, candy & nuts	
Trade	Name, if any:				ge of popcorn, candy & nuts	
Trade P.O. B Street	Name, if any: ox, Bldg., Room No., if any			December 2004	ge of popcorn, candy & nuts	
Trade P.O. B Street City	Name, if any:  ox, Bldg., Room No., if any  2323 Harrison Ave.		61108	December 2004		
Trade P.O. B Street City	Name, if any: ox, Bldg., Room No., if any 2323 Harrison Ave. Rockford	•	<u> </u>	December 2004		
Trade P.O. B Street City State	Name, if any:  ox, Bldg., Room No., if any  2323 Harrison Ave.  Rockford  Illinois  Ignature and verification, Titted in this report (including)	ZIP Code + 4  The undersigned declar the information contains	Sign es, under penalty of ed in any accompany	December 2004  7.b. Amount.  ature  Perjury and other applicable per	\$50  natties of the law, that all of the information lined by the signatory and is, to the best of the	
Trade P.O. B Street City State	Name, if any:  ox, Bldg., Room No., if any  2323 Harrison Ave.  Rockford  Illinois  Ignature and verification. Titted in this report (including isigned's knowledge and believed)	ZIP Code + 4  The undersigned declar the information contains	Sign es, under penalty of ed in any accompany	The Amount.  7.b. Amount.  Perjury and other applicable pering documents), has been exam	\$50  natties of the law, that all of the information lined by the signatory and is, to the best of the	

Name of Person Filing John Keck	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activity or any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Segal Company	
Trade Name, if any:	a. Labor Organization    b. Trust
P.O. Box, Bldg., Room No., if any   Suite 500	c. Employer
Street 101 North Wacker Drive	·
City Chicago	
State   Illinois   ZIP Code + 4 60606	
10. If 9.b. or 9.c. is checked give trust or employer's name,	11.a. Nature of such dealing.
Name Ironworkers Tri-State Welfare Fund	Fund Consultant
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 2350 E. 170th Street	11.b. Approximate dollar value of such dealing.
City Lansing	12.a. Nature of interest held or income received.
State Illinois ZIP Code + 4 60438	Hosted dinner while attending educational seminar sponsored by International Foundation of Employee Benefit Plans
	12.b. Amount. \$250
	72.5, 76110411.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a, Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing John Keck	File Number U-

ratt A Communition rage					
A. Held an interest in, engaged in transactions (including loans) with, or derived in employees your organization represents or is actively seeking to represent.	ncome or other economic benefit of monetary value from an employer whose				
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.				
Name Gateway Construction Co., Inc.	received bottle of liquor for Holiday December 2004				
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any	7.b. Amount.				
Street 3150 West Hirsch Street	\$30				
CHy Melrose Park	430				
State Illinois ZIP Code + 4 60160					
A. Held an interest in, engaged in transactions (including loans) with, or derived employees your organization represents or is actively seeking to represent.	income or other economic benefit of monetary value from an employer whose				
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.				
Name					
Trade Name, if any:					
P.O. Box, Bidg., Room No., if any	7.b. Amount				
Street	7.5. Aniouni,				
City					
State ZIP Code + 4					
A. Held an interest in, engaged in transactions (including loans) with, or derived employees your organization represents or is actively seeking to represent.	income or other economic benefit of monetary value from an employer whose				
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any	7.b. Amount.				
Street					
City	! :				
State ZIP Code + 4					
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Name of Person Filing John Keck	 File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	_
Name Co-Merica Bank	a. Labor Organization	
Trade Name, if any:	i Si k Talah	
P.O. Box, Bldg., Room No., if any  Suite 616	b. Trust	
Street 2 Mid-America Plaza	: C. Employer	
City Oak Brook Terrace		
State Illinois ZIP Code + 4 60181		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Ironworkers Mid-America Pension	Custodian of records for Defined C Pension Plan	ontribution
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 2350 E. 170th Street		
City Lansing		
State Illinois ZIP Code + 4 60438	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Hosted Holiday dinner at the winte Iron Workers District Council of C	r meetings of the hicago & Vicinity
	12.b. Amount.	\$170

Name	of	Person	Filing	John	Keck

File Number U-

#### Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Tri-State Welfare & Mid America Pension  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 2350 E. 170th Street  City Lansing  State Illinois ZIP Code + 4 60438	a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Tri-State Welfare & Mid-America Pension	Jointly managed Trust to provide Health & Welfare
Trade Name, if any:	benefits to participants of Tri-State Welfare and pension benefits to participants of Mid America Pension
P.O. Box, Bidg., Room No., if any	
Street 2350 E. 170th Street	
City Lansing	
State Illinois ZIP Code + 4 60438	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	Reimbursement of travel expenses to educational seminars required by the Department of Labor and ERISA to meet fiduciary responsibilities. Also reimbursement of expenses associated with attendance at Board of Trustees meetings.
	12.b. Amount. \$5,014.00

Name of Person Filing John Keci	Name	of Person	Filing	.Tohn	Keck
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File Number U-

#### Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Lehman Brothers Asset Management	a. Labor Organization
P.O. Box, Bldg., Room No., if any	E b. Trust
Street 200 South Wacker Drive	c. Employer
City Chicago State Illinois ZIP Code + 4 60606	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Ironworkers Mid-America Pension	Asset Manager for Pension Fund
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 2350 E. 170th Street	
City Lansing	
State Illinois ZIP Code + 4 60438	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	Hosted dinnner while in attendance at educational seminar sponsored by The International Foundation of Employee Benefits
	12.b. Amount. \$200

No. of Days File	
Name of Person Filing John Keck	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Baum, Sigman, Auerbach & Neuman LTD  Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any Suite 2200	b. Trust	
Street 200 West Adams St.	c. Employer	,
City Chicago State Illinois ZIP Code + 4 60606		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Ironworkers Mid-America Pension	Fund Attorney	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 2350 E. 170th St		
City Lansing		
State Illinois ZIP Code + 4 60438	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Hosted luncheons after meetings	
	12.b. Amount.	\$58

Name of Person Filing John Keck	File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Piotrowski & Gebis	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bidg., Room No., if any Suite 300		
Street 3315 Algonquin Road	c. Employer	
City Rolling Meadows		
State Illinois ZIP Code + 4 60008		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Ironworkers Tri-State Welfare Fund	Certified Public Accountants for F	und
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 2350 E. 170th St	• • • • • • • • • • • • • • • • • • •	
City Lansing	· · · · · · · · · · · · · · · · · · ·	
State Illinois ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Hosted dinner following Trustees medelinquint employers	eeting over
	· 	
		!
	12.b. Amount.	Ange
	12,0. Amount.	\$215

Name of Person Filing John Keck File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	<del></del>
Name Blue Cross Blue Shield of Illinois  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 300 East Randolph Street  City Chicago  State Illinois  ZIP Code + 4 60601	a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Ironworkers Tri-State Welfare Fund  Trade Name, if any:	Provides access to provider Network  Welfare Fund	to Health &
P.O. Box, Bldg., Room No., if any Street 2350 E. 170th Street		
City Lansing	): }:	;   
State Illinois ZIP Code + 4 60438	11.b. Approximate dollar value of such dealing.      12.a. Nature of interest held or income received.	
	Sposored golf and dinner following	seminar
	12.b. Amount.	\$150

Name of Person Filing Daniel Aussem	File Number U-

			<del></del>	
8. N	ame and address of Business (includ	ling trade name, if any).	9. Business deals with:	
N	ame Co-Merica Bank		a. Labor Organization	
Т	rade Name, if any:		a. capai diganizationi	
P	O. Box, Bldg., Room No., if any Suite	e 616	b. Trust	
s	treet 2 Mid-America Plaza		c. Employer	
C	Oak Brook Terrace			
s	ate Illinois	ZIP Code + 4 60181		
10.	f 9.b. or 9.c. is checked give trust or em	ployer's name.	11.a. Nature of such dealing.	
N	ame Ironworkers Mid-America	a Pension	Custodian of records for Defined C Pension Plan	ontribution
T	rade Name, if any:		} :	
Р	O. Box, Bldg., Room No., if any		:	:
s	reet 2350 E. 170th Street			
С	Lansing	1		
s	ate Illinois	ZIP Code + 4 60438	11.b. Approximate dollar value of such dealing.	
		12.a. Nature of interest held or income received.		
			Hosted Holiday dinner at the winte Iron Workers District Council of C	r meetings of the nicago & Vicinity
			12.b. Amount.	\$170
			1	